


FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2071809</div>	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT							
This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.							
Completion Type <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 96850		4. Contact Name: ANGELA NEIFERT					
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC		Phone: (303) 6064398					
3. Address: 1001 17TH STREET - SUITE #1200		Fax: (303) 6298285					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-17346-00		6. County: GARFIELD					
7. Well Name: JOLLEY		Well Number: KP 511-16					
8. Location: QtrQtr: SWNW Section: 16 Township: 6S Range: 91W Meridian: 6							
Footage at surface: Distance: 1664 feet Direction: FNL Distance: 1280 feet Direction: FWL							
As Drilled Latitude: 39.530603 As Drilled Longitude: -107.564638							
GPS Data: Data of Measurement: 10/28/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK							
** If directional footage at Top of Prod. Zone		Dist.: 1108 feet. Direction: FNL Dist.: 655 feet. Direction: FWL					
Sec: 16 Twp: 6S Rng: 91W							
** If directional footage at Bottom Hole		Dist.: 1087 feet. Direction: FNL Dist.: 673 feet. Direction: FWL					
Sec: 16 Twp: 6S Rng: 91W							
9. Field Name: KOKOPELLI		10. Field Number: 47525					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 11/12/2009 13. Date TD: 11/20/2009 14. Date Casing Set or D&A: 11/21/2009							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 8230 TVD** 3191		17 Plug Back Total Depth MD 8230 TVD** 3191					
18. Elevations GR 6679 KB 6702		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.					
19. List Electric Logs Run: <div style="border: 1px solid black; padding: 2px;">CBL: RESERVOIR TOOL ELLITE, TEMP</div>							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18		0	86	32	0	86	VISU
SURF	13+1/2	9+5/8		0	1,115	455	0	1,115	VISU
1ST	7+7/8	4+1/2		0	8,210	1,450	3,690	8,210	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,950	655	3,960	8,210
SQUEEZE	1ST	7,950	200	3,960	8,210
SQUEEZE	1ST	6,550	375	6,452	8,210
SQUEEZE	1ST	6,380	200	6,126	8,210
SQUEEZE	1ST	6,110	403	6,070	8,210
SQUEEZE	1ST	5,964	150	5,190	8,210
SQUEEZE	1ST	6,060	230	4,350	8,210

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	3,617		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,037		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,310		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,881		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,077		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

HIGHLIGHTED AREAS ARE WAING ON COMPLETION.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ANGELA NEIFERT

Title: PERMIT TECHNICIAN Date: 9/10/2010 Email: ANGELA.NEIFERT@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2071811	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2071810	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2071809	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PER AN@WILLIAMS, CHANGED TO PRELIM	4/14/2011 1:22:16 PM

Total: 1 comment(s)